



DR. REDDY'S

Dr. Reddy's Laboratories, Inc.
200 Somerset Corporate Blvd.
7th Floor
Bridgewater, NJ 08807

URGENT: DRUG RECALL

Recall Response Form

PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY

RECALL – RETAIL LEVEL

Product Description	Count	NDC Number	Batch/Lot Number	Expiration Date	Unit (bottles)*
Amlodipine Besylate and Benazepril HCl Capsules, 5mg/20mg	500's	55111-340-05	C201293	08/2013	
Ciprofloxacin Tablets, USP 500mg	500's	55111-127-05	C201293	08/2013	

***please complete quantity available for return**

Dr. Reddy's Direct Customer:

Please fax this page to Inmar (MedTurn): 1-817-868-5362 or by email at recallnotice@inmar.com. By doing so, this will acknowledge that you have received the recall letter and taken the appropriate action.

Customer Name _____ Customer # _____
Customer Telephone Number _____
Number of Boxes Being Returned _____
Contact Name _____
Contact Signature _____ Date _____

Pharmacy:

Please fax this page to Inmar (MedTurn): 1-817-868-5362 or by email at recallnotice@inmar.com. By doing so, this will acknowledge that you have received the recall letter and taken the appropriate action.

DEA # _____
Store Name/Number _____
Pharmacy Telephone Number _____
Address _____
City _____ State _____ Zip Code _____
Number of Boxes Being Returned _____
Contact Name _____
Contact Signature _____ Date _____
Credit Through _____
City _____ State _____